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Lect 5th
Cont Leon

Lecture

Full pr. Lect 29.

Lect 5-10
Cont. Fever

Lecture

Continued Fever.

Treatment

I have at a former meeting detailed to you the treatment required in Cases of Simple fever, or Acute Synochus, with moderate excitement without local complications; Congestive cases of fever occurring under certain peculiarities; Acute synochus with high excitement; and protracted Synochus or Typhoid fever complicated with brain inflammation. It will be my duty now to proceed to treat of another of the complications of Acute and Typhoid Synochus; frequently occurring; and from its danger and fatality deserves the most serious attention of the Physician. I mean the affections of the lungs and pleura in fever.

It may be properly asked under what forms do we find this complication?

1°, In Acute Synochus and Typhoid Synochus fever, you may have it existing under the condition of passive hyperamia or venous congestion.

2. Active hyperamia or arterial determination.

3. In the form of Bronchitis or inflammation of the lining surfaces of the bronchia.

4. Pneumonia, inflammation of the parenchyma of the lungs

5. Pleuritis, inflammation of membranous pleura and
6. combinedly, pleuro = pneumonia.

X Notice this distinction carefully

Other affections of the respiratory apparatus may possibly coexistate with fever; but they have not been accurately defined.

Dyspnea may exist with or without local lesion. The passive hyperæmia, or venous congestion with arterial congestion are not of very common occurrences; but there is a mild and severe condition of bronchitis, and these conditions are so often present as to be considered by many pathologists, as universal concomitants of fever. And here again the relations between idiopathic and concomitant local inflammations, are of the greatest practical importance; for the chief difficulty and nicety in the treatment of fever, lie in determining how far the danger depends on such local affections as demand an antiphlogistic treatment; from those which are produced on the system by the morbific cause, which will often spontaneously abate, and often demands remedies of an opposite class.

I need hardly, therefore, repeat what I have so frequently insisted upon — namely, the necessity of paying attention to the state of every function and organ in fever. If this be done by the practitioner, the presence of bronchitis, should it exist, cannot escape his observation. You should always examine your patient by means of percussion, and the stethoscope or by immediate auscultation — Remembering in your examination that a co-existing inflammation of the brain may mask the pulmonary complication. The deterioration of depraved blood, will have the same effect. I will again remind you that the disease of the lung may be quite latent. These circumstances, so important, must be attended to in forming a correct diagnosis; without which it is

Are all fevers, may be, equally contagious, but they have not been accurately defined.

Fevers may equally be in both local forms.

The typhoid fever, in some respects, with the exception of typhus, are not, I may conclude, considered that there is a mild and severe variety of intermittent, and these conditions are often found to be combined by many practitioners, as well as to be considered by many practitioners as unnecessary complicating fevers.

Relation between intermittent and remittent fevers, are of the greatest practical importance, particularly as they are liable to be confounded, and treated as the former, when the former are liable to be aggravated by the remedies used in the latter, and vice versa.

Fevers are determined according to the prevailing symptoms, and are called typhoid, etc.

Also, typhoid, typhus, etc. are called fevers of particular type — namely, the peculiarity of having a determinate duration of every function and organ in fever. — Of this fevers by the variety, the presence of a remarkable, but equally constant and distinctive. — Some characteristic symptom, very peculiarly necessary to complete the history of the disease, and the symptoms of the disease — Remembering in every operation that a co-operation in the human, of the three main, the sympathetic, complication. — The characteristic of fevers also, will have the same effect. — Also it seems very that the causes of the fever may be equally certain, the important, must be attended to in order to correct diagnosis, without which it is

needless to observe, your treatment cannot attain the scientific precision and success to which it may be brought.

If the bronchial affection be very slight. What is the treatment? Give small doses of the solution of Tartar Emetic say ⅛ or ¼ grain every 3 hours, or intermediate with his purgative. Some patients from peculiarity of idiosyncracy, cannot take the Emetic tartar; here you will have to substitute for it Ipecac: cuana or squills, singly or combinedly — In mild cases, these means, in conjunction with the measures indicated by the general condition of the patient, have in a great majority of cases affected a cure. In severer cases, your treatment will be more active — If the force of the circulation is such as to require reduction, take blood from the arm, according to its effects, and the age, sex, strength, period and intensity of the complication. Local bleeding may have to be associated in the treatment, either by leeches or cups, in strong subjects. Blood in either of these ways should be taken until some impression is made upon the pulse. It has been my practice, in bronchial complication, to have the cups applied between the shoulders. In the application of leeches, should they not extract blood enough, the flow may be encouraged by the application of stupes, or flannels wrung out of warm water. I will take this occasion to remind you that leeches should be applied to children with caution; as sometimes they may loose too much blood; therefore where the time can be selected do not apply leeches to children after night, for I have known instances where they have bled to death, from inattention at this time — The safest plan is to satisfy yourselves

that the bites are attended to, and the hæmorrhage stopped by prepare or other means.

It is necessary for me here to remark that medical men are not agreed as to the effects of local bleeding — some assert that local bleeding has no advantages over general, because, they say, it can only act on the disease through the general circulation, just as if the person was bled from the arm. The capillaries, they further remark, are first emptied, in local detractions of blood, then the larger vessels, and finally, the sum of the whole circulating fluid is lessened. It would be certainly very difficult to show how leeches laid on the chest, can lessen the amount of blood in the lungs, otherwise than through the circulation at large, and why they should prove more advantageous than when applied elsewhere — or than bleeding from the arm; but, be this as it may, I think experience of the majority of the profession, to which I will add my own, has decided in favour of their utility — My rule, in regard to the local abstractions of blood both by leeches and cups, is never to resort to it, while the force of the general circulation is such as to bear general bleeding — reduce the fullness of the larger vessels, so far as to prevent the force ~~some leeches~~ of blood from behind from refilling the capillary vessels; then these vessels may be advantageously relieved, by the local reduction as near the seat of inflammation as possible — After as much blood has been taken as necessary counter irritation is the next step in the treatment —

Here, you may either apply blisters, mustard sinapisms, tartar Emetic ointment, croton oil, and oil of turpentine

besides others still more energetic, as the strong ammoniated liniments. But blisters are among the best means; they should not be permitted to remain on long; after the skin becomes red & irritated, in young subjects in about 4 hours; in adults 6 or 8 hours — they are often ~~left~~ left on too long — I have heard medical men make objections to local counter irritation, of a similar nature to those already referred to, respecting local bleeding; and in effect, some recommend the blisters, for brain, chest complications to be applied inside of the thighs and legs, as ~~resuesines~~ equally efficacious as when applied to the nape of the neck or to the chest. Practice ~~of~~ however, has decided that the nearer the application is to the seat of disease, is on the whole the best position. There can be no doubt that bloodletting and counter irritation would alone, in very many cases operate to the resolution of bronchitis in fever; but as we are nevertheless furnished with an additional agent of great efficacy in cases, wherein the state of the patient renders bloodletting impracticable or hazardous, we seldom employ it exclusively. This remedy is Tartar Emetic, and from the testimony of numerous practitioners both of France, Germany, Italy, and our own country there can be little doubt of its utility. With this agent I have ~~in~~ very many instances succeeded in producing the resolution of pneumonia and bronchitis in conjunction with moderate depletory measures ~~to moderate~~ ~~to have~~ ~~produced~~ ~~provided~~ ~~alone~~ ~~sufficient~~,

only a few months past I had two patients both of whom laboured under pneumonic complication in fever, with incessant cough, violent and distressing dyspnoea with high excitement. The administration of Tarter Emetic with a moderate abstraction of blood soon resolved the inflammation — in one case in 20 hours — and in the other in which the diseased was more advanced it brought about a happy convalescence. The tartar emetic may be given in some aromatic solution, or mucilage of Gum Arabic, a syrup of Gum Arabic — some patients prefer it in orange flower water; others plain water with simple syrup — my prescription is Eight grains of the Tartar Emetic in Eight ounces of fluid — one tablespoonful to four tablespoonsful every hour, two or three according to the condition of the patient — occasionally it will induce vomiting but not always — you should never tell your patients they are taking tartar Emetic, for imagination will frequently make the stomach rebellious; nor should your patient use table tea or other vegetable infusions while under its influence, as they are incompatible. Frequently the effect of the tartar emetic is made abortive by the neglect of the physician to caution his patient or attendants on this point — all these little importances required to be rembered by the physician in his bed-side practice; for they are frequently every thing to the patient — I have given Tartar Emetic in 3 and 4 grain doses as recommended by Rasor and others, but am not certain that it possessed any superior advantages, in such doses, over smaller ones.

Although Laennec did not discover the valuable utility of this medicine, he has the credit of first pointing out and extending its usefulness by his illustrious example. Some practitioners have expressed the opinion that when tartar Emetic vomits it loses its efficacy; but my experience does not warrant this conclusion. The tolerance as Laennec styled it, or the absence of Emesis, is a contingent condition that is not indispensable to its therapeutic action. Some patients, however, suffer so much from the disturbance produced by the incessant vomiting it occasions, notwithstanding it may be given in effervescing draughts or in combination with aromatics, as to destroy its usefulness in their cases. The action of vomiting which sometimes occurs on the exhibition of this remedy is frequently of admirable utility, by freeing the bronchial cavities from the mucus by which they are not unfrequently clogged, to the great increase of the disease.

What has been said to the treatment of the severer forms of bronchitis, applies with little variation to that of Pneumonia — when this formidable complication presents itself in fever, you must not lose any time in removing it; and the sooner you know its existence, with so much certainty you may calculate on success — The simple determination of blood is much more easily removed, than the congestion or hepatization of the lung — and this, than the further stage of purulent infiltration — Nevertheless, you must endeavour

with the utmost promptitude and decision in these cases, to bring your patient through — too happily if violent functional derangement or total loss of structure, do not frustrate all your efforts.

In the advanced stages of pneumonia in fever, attended by prostration, you can seldom attempt the abstraction of blood, or even the application of leeches; in this case, the Tartar Emetic may be used with some prospect of advantage; but you must be cautious how you lower to extremity the already far exhausted powers of the patient, by the incautious production of excessive nausea, which, as we well know, is of itself a great debilitant — Here it will be for you to consider how far you must trust to local depletion, judicious counter irritation, and the exhibition of ~~opium~~ calomel alone, or combined with opium. with the occasional employment of wine and other stimuli —. How far this temporising practice will be efficacious, it is difficult to say; certain it is, you must not let your patient die with pneumonia, if a little care will protract life; but when the disease is so far advanced ~~and~~ of so great intensity, I am afraid that the issue does not lie so much within human agency.

It has occurred to me, however, to witness many cases of pneumonic complication in fever, when first seen appeared desperate and hopeless, but by the course of treatment laid down to have rallied; and finally recovered; and others again, not so unpromising, but in despite of our best efforts to sink; and sometimes unexpectedly sudden,

In all cases of disease, nevertheless, it is the physician's duty to do the very utmost to save his patient's life; ~~and~~ he then conscientiously performs his obligation, and can do no more.

If you witness both lungs to be affected the difficulty and seriousness of the case is greatly increased. In all these cases time is essentially important; for the life of the patient is indebted to your having seen him early, & having immediately detected its invasion. Many perish from delay; too many from the ignorance and inattention of the physician. I am sensible that many, very many persons sink under pneumonia in fever, in whom the disease had never been suspected — The medical man seated by the bedside is too often satisfied by merely questioning the patient, if he has pain and difficulty in breathing and should he answer negatively, it is too often, taken for granted the lungs are free; but were he to remember, that the most serious complications of these organs may be latent, without one observable external sign of its presence, he would resort to close external exploration, percussion, his ear, or the stethoscope — these would instantly put him in possession of phenomena of a serious character, which were being in existence, at the time of enquiry, and had the permitted the time to pass; the augmentation of inflammation would certainly terminate the case fatally. — How distressing it is to the feelings of any physician of common humanity, to witness his patient irrecoverably gone in a disease, a little earlier attention to which, could it have been given, or had it been, would have ensured a return to health —

Time, gentlemen, is the grand element in the treatment of acute disease. "Tempus est remedium magnum, should be your motto. I shall never forget cases I have met with in the course of thirty years practice - many of them, but one in particular I shall relate. It was an interesting and beautiful young woman, to whom I was called with extensive pneumonic hepatization. This case, for the want of timely ~~[illegible]~~ attention, was far advanced, that the utmost and most assiduous efforts were unavailing; but had she been seen earlier, she would in all probability have been ~~[illegible]~~ saved. This is one of the many instances I have witnessed, and such will often fall to your lot.

It is true, you may have many cases of fever before you witness so severe a complication as was in my case; but this is no reason why you should not be ready to meet with and combat them. A practitioner of medicine should be prepared for every possible contingency — if he is not bound to be so, I would like to know who is. Having the health and lives of his fellow creatures in his hands. What a responsibility! — He has no excuse, for with negligence and inattention, he is criminal —

With these observations, I shall consider the treatment of another complication of the lungs, which is liable to take place during the course of continued fever, I allude to pleurisy — This, however, as far as my observation extends is a very rare occurrence. Where it should occur, or be associated with pneumonia, as a pleuro-pneumonia, bloodletting under the regulations laid down in the treatment of pneumonic complication is the proper treatment — An active counter irritation, by a succession of blisters over the spot

or the previous application of cups or leeches may be requisite.
Purgatives must be cautiously employed in pneumonic and pleuritic complications of fever; often in these conditions, ill timed-purging, is attended with great prostration and injury.
In the pleuritic complications tartar Emetic, has been found less serviceable than in the pneumonic; but it is a remedy of great value and efficiency, more so should the complication which is most always the case, involve the parenchyma of the lungs, it will be absolutely necessary. The tartar Emetic will lower the general excitement and thus react on the local affection — In your treatment of ~~these~~ pleuritic cases in fever; you should never forget ~~the~~ its liability to become chronic, and consequently its ultimate danger and destruction of the patient — by Chronic pleurisy with effusions ~~in~~ the Chest —
It is requisite for me in this place to tell you that pneumonia occurring upon typhoid Synochus or that fever of low excitement and nervous prostration, or in the advanced stages of fever presenting this state, but which has commenced with much excitement, will not bear ~~that~~ the same activity of treatment as the ordinary form, or pneumonia supervening upon acute Synochus fever. — These ~~cases~~ cautions are not to be forgotten in treating these peculiar circumstances — In these cases I have employed careful and moderate venesection with small doses of antimony — local depletion and counter irritation is sometimes preferable — sometimes from states of exhaustion of the patients, the application of leeches would be attended with risk and danger, from a possibility of an over loss of blood — therefore in these cases, a few cups would be safer ~~if~~ necessary.

If blisters be employed in these cases, they should not be kept on ~~long~~ any longer than slight redness of the skin — (deeper irritation might ~~tend~~ to further sink the exhausted vital energies) therefore instead of blisters, a peice of flannel, dipped in turpentine, and covered with oil silk, may be retained on the chest until sufficient local irritation is produced.

Cases of pneumonia complicating typhoid synochus in the more advanced stages, I have employed a moderate ~~bleeding~~ depletion, which sufficed to bring them to a fortunate termination — In many cases of this kind I have bled, and had to give wine; a happy expectoration took place of a proper character, and the patients have recovered.

All the general remarks I have made equally apply to the treatment of this complication of fever.

We come now to another important complication frequently supervening upon the different varies of continued fever —

Abdominal complications or affections of the abdomen occurring in fever had not sufficient attention paid them until the writings of Broussais and his followers — We are mostly indebted to them for what we know of its pathology and treatment — Since, however, the time of Broussais, the German and British, and a few of our own country, pathologists have determined almost all that can be known with precision on the subject — It is to be regretted that ~~the~~ neither the therapeutics nor the diagnosis of the complications, has at all kept progress with

the morbid anatomy of them - We can seldom detect before hand, with any thing approaching to accuracy, the form under which they exist, or the period at which they commence. It has been already shown that the state of the tongue is a very imperfect criterion to be guided by, though doubtless its appearance must be more or less regulated by the condition of the intestinal canal - Tenderness of epigastrium on pressure, is a more certain, though far from being an unerring index

However, I make it a general practice when there is a foul tongue, with considerable general excitement, a full rapid pulse, tense and burning skin, especially over the epigastrium, along with shrinking and pain when this part is pressed to have from 15 to 30 leeches applied; and I take care, that they shall be put on soon enough to have the operation and the fomentation or stuping, which should be continued for two hours, finish= before bed-hour - You should also allow no patient to be covered up at night, on whom there are leech bites oozing blood - If after the operation, the bites continue to bleed more than desired, apply pressure for a time, cobweb, fur from the hat, adhesive plaster, allum, matico; if these will not answer touch with caustic, or creasote, the actual cautery or, ligature - Those who may practice in the country, should be prepared to meet the in= cidental troubles, which sometimes arise even out of the simple operation of leeching - In children the bleeding after leeches, frequently proves unmanageable; cases of deaths of interesting

children, I am reminded of while writing, that have occurred from this cause — therefore you should when directing leeches to be applied to them, that they be applied over some bone, or place upon which pressure may be applied.

You will find recorded in Broussais' Chronic Phlegmasia a case which he lost by leaving the leech bites to stupe all night — the man was found dead and the bed deluged with blood — there are many such cases on record and in the medical Journals.

You have no necessity to cover the abdomen with leeches, as your books frequently recommend, except in cases of peritonitis or enteritis, which are different morbid conditions from those abdominal complications during fever, which I have been investigating — I had a patient, after the fever commenced, his face was injected, inattentive to any questions put to him; he could hardly hear; yet would shrink, and seemed to have pain on pressure over the tense Epigastrium — I took from him 14 ounces of blood from the arm, gave a purgative, assisted by warm water enemata; the next day applied 15 large leeches to the abdomen, whose bites were well stuped; and cold lotions to the general surface — on the next morning his delirium had ceased; the skin much cooler; he could hear and reply rationally to questions; in a few days the convalescence was far advanced, and his recovery was perfect —

You are to continue the local depletions in abdominal complications, so long as the general excitement and local pain persist; but you must not persevere with them when the excitement subsides and the pulse sinks. If the tenderness of the abdomen persist, employ for a second time, a few leeches, and follow their application with spirits of turpentine as a counter irritant — Here, ice may be given in small & repeated quantities — If the patients strength should faulter, you should not take blood — blisters and sustaining unstimulating nourishment are your dependencies.

Diarrhoea is a sign of local inflammation — this may be functional or organic. If the fever runs high and the patient can bear the diarrhoea, I let it alone, which of itself, in a short time, generally subsides; employing at the same time leeches to the tender or affected portions of the abdomen. But where the general excitement should be low, and the strength and pulse flag, while the diarrhoea continues to weaken ~~the~~ possible and distress the patient, you must as soon as arrest it — In general, for this purpose, one grain of opium combined with three grains of Extract Stramonium, given in the morning, or at bed-time as the case may be, will frequently prove sufficient. In some cases these medicines must be continued every 6 hours — or oftener — I had a case in which the diarrhoea was exceedingly distressing to the patient — he had 12 to 20 liquid stools in 24 hours

As the fever was typhoid or low excitement, he was greatly debilitated by the discharge. I gave him Opium night and morning, which he continued three or four days before it was sufficiently arrested. He ~~[illegible]~~ recovered; and the suppression of the diarrhoea was of decided beneficial effect.

You may have another association with the different forms of Continued fever. Dysentery is a peculiar morbid condition of the mucous lining of the intestinal canal. The treatment of this complication is to be founded upon the same principles as that of diarrhoea, only some practitioners prefer the position of leeches around the verge of the anus instead of upon the abdomen. I have used them in both positions; and when around the anus I thought the effect was more immediate — Although the mucous membrane of the bowels are so apt to become irritated & inflammed in the varieties of Continued fever, constipation must be avoided.

Frequently in some of the active Synochus cases constipation is so ~~[illegible]~~ obstinate as not to yield to ordinary purgatives — In these cases my practice is to exhibit a drop or two of Croton oil, and it has generally answered the purpose. In these cases, large but mild enemas are excellent auxillaries. With the French injection pumps, any amount of fluid can be easily and quickly introduced in the bowels & for their full and successful operation, the amount of tepid water or other fluid should not be less than three pints —

In the elementary practical works on medicine, there are a great many remedies laid down to be used in intestinal complications in fever; but there are very few that I can repose confidence in — My experience in these cases has led me to rely more to attending on general indications, and meeting them; thus virtually preventing such associations that merge the cases into so much difficulty & danger. — It should be remembered that the local effects produced by inflammation that occur in the course of continued fevers, differ materially from those which follow inflammation of the same parts of the system free from general fever. Besides it is difficult in many cases to decide whether the patches found after death in the intestines, are the results of inflammation or not; most assuredly they frequently are not so; and as for ramollissement or softening, I shall hereafter show you, that it is in some instances a cadaveric alteration. —

In that condition of complication of the mucous intestinal membrane in fever where the alteration of the mucous follicles, ensues, or ulceration is established, I do not know of any mode of treatment short of constitutional measures, that can prove advantageous.

In these cases, the fever has generally advanced in time, and in deprivation and alteration of the secretions and excretions; from the observations of others and my own experience, the different saline preparations, or

non purgative Salts, as they are called, are our best agents. For this purpose the Muriate of Soda, Chlorate of potash, super-Carbonate of Soda may be employed singly or combinedly — My prescription in such cases is — Take one ounce of Muriate of Soda; Chlorate or Oxymuriate of potash ten grains; water one pint. Make a Solution. Give one tablespoonful every hour — between Each of the doses, give the patient half pint of cold water; or what is sometimes better, small & frequent quantities of weak broth or chicken water.

In a large number of cases of this order, I have employed the following: —

℞ Chlorate of potash	℥ij	Of this Solution, one tablespoonful every hour or two. the cold water
Super Carb. Soda	℥ij	
Pure water	℥viij	

or chicken broth intermediately. These agents are supposed to act more immediately upon the depraved blood, and secretions; and to restore some of its constituent qualities which have been destroyed or lost by the action of the morbid poison, and the change of general function, which has been produced by it — But in these cases, care should be used, if there be an excess of excitement, by the return of more healthy blood, and improved function, not to diminish it; be very cautious; for too frequently you will have to support vital powers, rather than deplete; and aid the system in its struggle with these serious alterations, and the functional derangements that is consequent on it.

If perforation and peritonitis should ensue

which, however, seldom happens, certain death may always necessarily result; but here you can give large doses of opium, and any other means that will have a tendency to relieve the sufferings of the patient—

In my note book there is a case which came to my notice some years ago — This patient had had a severe typhoid synochus fever, but her convalescence did not progress, Suddenly, alarming sinking and great abdominal pain took place, which were shortly followed by death — Autopsy was not allowed, but I was satisfied that death was the consequence of ulceration and perforation.

The manner of using stimuli and tonics, during the ulcerative stages, I now speak of, will be fully considered under the general management of severe and protracted fevers, which I shall call your attention in the next discourse.

There is a form of continued fever, and sometimes the same is noticed to supervene upon the common remittent fever of our country, wherein there is considerable disturbance of the digestive functions, general prostration and low excitement, you will find this complication described in your books under the head of gastric fever. From what I have advanced, and am about to say, it will be quite unnecessary to treat of this form seperately, since all its pathological conditions and therepeutical indications has been included under the general head, as I have done

in regard to all the other varieties.

When vomiting occurs in the varieties of Continued fever, it may either prove a sympathetic condition of the brain, or arise from gastric irritation or inflammation alone. The treatment will depend upon your distinguishment of the different morbid conditions, with the general constitutional indications — Sometimes you will have to employ local blood letting by cupping or leeches either, to the nape of the neck or the temples should it arise from brain sympathy; or by leeches or caps over the stomach and abdomen; occasionally these conditions will occur upon patients, who cannot loose a drch of blood; to meet such emergencies, dry cupping & moderate counter irritation, or the endermic applications of morphia will have to be instituted. This troublesome complication may be often arrested by mustard sinapism, turpentine embrocations; and blisters. Along with these soda water in a state of effervescence, small pieces of ice, iced gum Arabic water, and the solution of bicarbonate potash — Frequently one to two drops of Prussic or hydrocyanic acid, with eight to ten grains of Carbonate of soda, in a given quantity of water, and repeated in 4 hours, if required, proves highly sedative and useful in allaying the gastric complications, so frequently associative in Continued fevers. As one complication may supervene upon another in the course of fever, and in point of fact frequently does so, it becomes imperiously necessary to keep a steady look out for

such occurrences, and meet them upon the principles already laid down, and according to the exigencies of the case.

In like manner, various affections may commence singly, at any period of fever, and we may be first called upon to treat them at varying stages of their progress; in all these cases, no determinate course of treatment can be taught from this place; your treatment must be in accord with the aspect of the case; and through your good judgment and distinguishment of these states and changes, with your skill in the selection and application of your therapeutical agencies, will be or not, your success, and the final safety of the patients entrusted to your charge. It is only at the bed side these ~~these~~ important points can be profitably understood; and by close attention and patient observation, on your part, on the clinical study of a few such cases, will impower you more than you may expect, in future detection and successful treatment —

A double or treple ~~complication~~ combination of complications may set in simultaneously, or nearly so, at an early period of fever — as the lungs and ~~and~~ brain — or one of these two, along with an affection of the intestinal canal — or all three together —

The treatment of such complications is of the greatest difficulty — here, general depletion, with local detractions of blood, counter irritation, with other means before mentioned, are all

we can have recourse to — fortunately the treatment appropriate for one, is in some measure the same for all. Should prostration ensue, you must not forget the vis vitæ of the patient; support his strength — In moderate severe cases, and where the powers of the patient proves adequate to sustain himself both against the disease and the treatment which we institute, we may hope for success; but when the complication is exceedingly severe, our prospect of success becomes proportionally limited — Still it is the duty of the physician to exert himself to the utmost of his ability to save the life of his patient.

I may here remark, that such joint affections ~~are~~ in fever are less rare than what is commonly supposed; it generally happens, however, that one complication is more prominent than the rest, which are consequently more or less masked; but as the treatment for the one, if successful, generally tends to cure the others; their existence is many times not discovered until revealed by a post mortem examination on the event of death.

From all these circumstances, gentlemen, how strong are the incentives to form and early and correct diagnosis.

turn over.

I may as well observe, that I have no peculiar theory to advance, or hypothesis to propound.

I have in the details of the treatment of fever given you the simple results of my own observation ~~and~~ through an extensive practice of nearly thirty years; and in my recommendations, endeavoured in as plain a style as possible, or as language would permit, to guide you in ~~the~~ accordance with the correct principles of pathology and therapeutics —

Gentlemen. At our next meeting I will close the subject of the treatment of continued fever.

Finis

Most of the functional and other complications incidental to continued fever have been gone over. It will be my purpose at our next meeting to treat of fever with low excitement combined with excessive lesions of the processes of inservation — the brain, Lt membranes or spinal marrow and its ramifications — whether they exhibit this form from the commencement, or not until after some period of the disease.

The treatment of fever with high excitement has been disposed of — The arrangement I have adopted in treating fever, I am aware, does not meet the approbation of those who consider fever as the result of inflammation; or to those who ~~[illegible]~~ over look this combination; but as my reasons for adopting this course have been frequently stated, I need not repeat them. Notwithstanding the profuse variety of remedies recommended and employed in fever; their action, however, seemingly diversified, may be reduced to a few general heads. This I have already done. The views I entertain upon the subject of ~~the~~ fever will fully appear from what I have stated, and what I shall hereafter offer in the considerations of the treatment of true typhus.